

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Conoco, Inc. Well API No. 30-025-00818
 Address 10 Desta Drive West Midland, TX 79705
 Reason(s) for Filing (Check proper box) Other (Please explain) Change MCA Unit from #3 to #2
 New Well Change in Transporter of: BAVIER
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Btry</u> MCA Unit <u>2</u>	Well No. <u>227</u>	Pool Name, including Formation <u>Maliamar (G-SA)</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC-0587280</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>34</u> Township <u>17-S</u> Range <u>32-E</u> , <u>NMPM</u> , <u>LEA</u> County <u></u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc. Maliamar Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Maliamar, NM, 88244</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>	Twp. <u>17S</u>	Rge. <u>32E</u>
			Is gas actually connected? <u>YES</u>	When? <u>CONNECTED TO BTRY #2 ON 9/1/90</u>

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mannette Helson
 Signature
 Mannette Helson Oil Prod. Analyst Title
 Printed Name
 02-03-1990 Date 0156866557 Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 6 1990
 By [Signature]
 Title [Signature]

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.